



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

December 12, 2008

GENERAL LETTER NO. 16-F-AP-2

ISSUED BY: Bureau of Child Care and Community Services,
Division of Child and Family Services

SUBJECT: Employees' Manual, Title 16, Chapter F, Appendix, **COMPREHENSIVE FAMILY SUPPORT APPENDIX**, Title page, revised; Contents (page 1), revised; pages 1 through 5, revised; page 6, new; and the following forms:

470-4399	<i>Children at Home Application</i> , new
RC-0032	<i>Effect of Family Support Subsidy</i> , revised
470-2526	<i>Family Support Subsidy Application</i> , revised
470-3004	<i>Family Support Subsidy Renewal Application</i> , revised
470-0602	<i>Notice of Decision: Services</i> , new
470-0602(S)	<i>Notice of Decision: Services (Spanish)</i> , new

Summary

The title of this chapter, formerly "Family Support Subsidy Program," has been changed. "Comprehensive Family Support" encompasses two distinct but related programs, the Family Support Subsidy and Children at Home. Both programs assist families raising a child with a developmental disability.

- ◆ The Family Support Subsidy is a monthly stipend provided to eligible families and is administered by the central office.
- ◆ The Children at Home program provides small grants based on individual requests from families and is administered locally by contractors.

This chapter is revised to reflect current policies and practices. Two key changes are as follows:

- ◆ Eligibility for the Family Support Subsidy is now affected by availability of other resources such as Medicaid HCBS waivers and the Children at Home program.
- ◆ Children who appeal termination of Family Support Subsidy benefits at age 18 do not continue to receive benefits while their appeal is being resolved.

Effective Date

Immediately.

Material Superseded

Remove the entire Chapter F from Employees' Manual, Title 16, Appendix, and destroy it. This includes the following:

<u>Page</u>	<u>Date</u>
Title page	December 27, 1988
Contents (page 1)	December 27, 1988
470-2526	12/88
1, 2	December 27, 1988
470-2538	12/88
470-2537	12/88
3, 4	December 27, 1988
Effect of Family Support Subsidy on Other Types of Assistance	12/88
470-2539	12/88
5	December 27, 1988

Additional Information

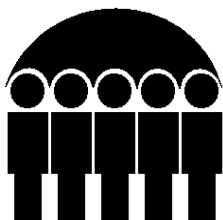
Refer questions about this general letter to the family support program manager in the Bureau of Child Care and Community Services by calling 515-281-5584.

Revised December 12, 2008

Employees' Manual
Title 16
Chapter F Appendix

COMPREHENSIVE FAMILY SUPPORT

APPENDIX



Iowa
Department
of
Human Services

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Children at Home Application

Attached is an application for you to receive assistance through the Children at Home program. The Children at Home program is designed to assist you and your family in securing the services and supports that you identify as necessary in helping your child to remain at home. An underlying principle of the Children at Home program is that you and your family retain control of decisions which affect your child and family. Financial assistance is intended to enable you to obtain those services and supports which are not met by other service programs.

To qualify for the Children at Home program:

- ◆ You and your family must reside in one of the following counties: Black Hawk, Boone, Cass, Cerro Gordo, Chickasaw, Clinton, Dubuque, Floyd, Grundy, Jackson, Johnson, Keokuk, Mahaska, Mills, Mitchell, Monroe, Montgomery, Story, Wapello, and Washington.
- ◆ Your family must include a child with a disability, which is defined as an individual who is less than 22 years of age and meets the definition of developmental disability.
- ◆ Your family's intent is to secure those services and supports that would enable your child to remain living in the family home.
- ◆ Your family's federal net (not gross) taxable income for the most recent tax year is less than \$60,000.

If you have any questions about this program or want to apply for assistance, please contact the local contractor who serves the county where your family resides. A list of contractors can be found on the following page of this application.

Children at Home Contractors

Black Hawk and Grundy Counties

Exceptional Persons, Inc.
Cathy Ketton
3675 University Ave
PO Box 4090
Waterloo, IA 50704
Phone: 319-233-0804
Fax: 319-274-8841
cathy.ketton@episervice.org

Clinton and Jackson Counties

Central Community School District
Amanda Greubel
PO Box 110
Dewitt, IA 52742
Phone: 563-659-0754
Fax: 563-659-0751
agreubel@central-clinton.k12.ia.us

Dubuque County

Children at Home
Gloria Klinefelter
2310 Chaney Road
Dubuque, IA 52001
Phone: 800-942-4668 or
563-556-3310
Fax: 563-587-0268
gklinefelter@uiowa.edu

Cerro Gordo, Chickasaw, Floyd, and Mitchell Counties

Families Making Connections
Jan Streich
1206 S Main Street
Charles City, IA 50616
Phone: 641-228-5713 ext. 145
Fax: 641-228-6439
jstreic@dhs.state.ia.us

Johnson and Washington Counties

The ARC of SE Iowa
Nancy Ballard
2620 Muscatine Ave
Iowa City, IA 52240
Phone: 319-351-5017
Fax: 319-351-6837
nancyballard@iowatelecom.net

Cass, Mills, and Montgomery Counties

County Memorial Hospital
Carole Schuler
Home Health Hospice
1501 E 10th Street
Atlantic, IA 50022
Phone: 712-243-8006
schca@casshealth.org

Boone and Story Counties

ARC of Story County
Jay Lettow
PO Box 581
Ames, IA 50010
Phone: 515-232-9330
arcdirector@thearcstory.org

Keokuk, Mahaska, Monroe, and Wapello Counties

First Resources
Marcia Roozeboom
1907 17th Ave East
Oskaloosa, IA 52577
Phone: 641-673-1421
Fax: 641-673-2945
osky@firstresources.us

Iowa Department of Human Services

Children at Home Application

1. Family Information

Child's Name: Last	First	MI
Date of Birth	Social Security #	
Mother's Name: Last	First	MI
Father's Name: Last	First	MI
Family's Address (If the child's parents have a different address, list the primary residence of the child.)		
City	State	Zip
County	Home Phone	

2. Family's Taxable Income

Check the box that indicates your family's **federal net taxable income** for the most recent tax year. Your net taxable income is indicated on the second page of the federal 1040 tax form. A signed copy of your federal income tax return from the most recent tax year must be submitted within 10 days of submitting this request. Do not submit any of the attachments or schedules. The copy of the tax return will be kept on file.

☐ \$ 9,999 and under ☐ \$10,000 – \$19,999 ☐ \$20,000 – \$39,999 ☐ Above \$40,000

3. Child's Disability

Indicate all of your child's disabilities:

- | | |
|--|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Muscular dystrophy |
| <input type="checkbox"/> Blindness/visual impairment | <input type="checkbox"/> Orthopedic impairment |
| <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Speech/language impairment |
| <input type="checkbox"/> Cystic fibrosis | <input type="checkbox"/> Serious emotional disorder |
| <input type="checkbox"/> Deafness/hearing impairment | <input type="checkbox"/> Spina bifida |
| <input type="checkbox"/> Epilepsy/seizure disorder | <input type="checkbox"/> Spinal cord injury |
| <input type="checkbox"/> Head injury | <input type="checkbox"/> Deafness and blindness |
| <input type="checkbox"/> Mental retardation | <input type="checkbox"/> HIV infection |
| <input type="checkbox"/> Multiple sclerosis | |
| <input type="checkbox"/> Other (specify): | |

4. Family's Identification of Services and Supports

Describe the specific services or supports for which you are requesting financial assistance.

Describe What's Needed for the Family	Who is to be Reimbursed (Family/Name of provider)	Total Cost	CAH Funds Needed

I declare that this information is true to the best of my knowledge. My family resides in the state of Iowa. My child has a disability and it is my intent to have my child remain living in my home. Services and supports purchased with these funds will not be used to replace other services or supports available to my family, including Medicaid and the Family Investment Program (FIP).

Signature

Date

Children at Home Program Verification of Disability

If your child **is receiving services** from one of the programs listed below, your family is deemed to have met the eligibility criteria of having an individual with a disability residing in their home:

- ☐ Home- and community-based waiver services (MR waiver or ill and handicapped waiver)

Case Manager's Name:	County:
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- ☐ Supplemental Security Income (SSI)

If your child is **not** receiving services from a program listed above, you will need to obtain verification that your child meets the definition of developmental disability. The signature may be from any of the following professionals who are knowledgeable of your child's disability:

- | | |
|---|---------------------------------------|
| ◆ Medicaid case manager | ◆ Occupational or physical therapist |
| ◆ AEA director of special education or designee | ◆ Physician |
| ◆ Local school administrator or designee | ◆ Vocational rehabilitation counselor |
| ◆ Independent living specialist | |

The Children at Home program is designed to provide supports and defray costs of caring for children at home for families who are not being served or are being underserved through other service delivery or payment systems.

In order to determine eligibility for the Children at Home program, your help is requested in verifying our child's disability. I authorize the release of information related to my children's disability.

Child's Name:	Date of Birth	Social Security #
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Signature of Parent

The above-named child has a developmental disability as defined in 42 U.S.C. § 6001. Persons with developmental disabilities have severe, chronic conditions that:

- ◆ Are attributable to a mental or physical impairment or combination of mental and physical impairments;
- ◆ Are manifested before the person attains age 22;
- ◆ Result in substantial functional limitation in three or more of the following areas of major life activities:

• Self care	• Self-direction
• Receptive and expressive language	• Capacity for independent living
• Learning	• Economic self-sufficiency
• Mobility	
- ◆ Reflect the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated; except that such term, when applied to infants and young children means individuals from birth to age five, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

Professional Certification:

I hereby verify that the above-named child has a developmental disability as defined above.

Signature	Title or License Number	Date
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Effect of Children at Home Assistance on Other Programs/Income

On income tax:

According to an Internal Revenue Service Advisory Opinion, income received pursuant to assistance under the Children at Home program is not taxable for federal income tax purposes to the extent that the subsidy does not exceed actual expenses incurred for the care of the family member.

On Family Investment Program (FIP) (formerly known as ADC):

If you receive FIP payments, assistance received under the Children at Home program should not affect your eligibility, provided you do not use the subsidy for your own basic needs of:

- ◆ Shelter
- ◆ Utilities
- ◆ Household supplies
- ◆ Food
- ◆ Clothing
- ◆ Personal care and supplies
- ◆ Medicine chest items
- ◆ Bus fares
- ◆ Telephone
- ◆ Newspapers and magazines

You may not use the subsidy for special needs which include school expenses, the expenses of Individual Education and Training Plan program, and child care while enrolled in a Job Training Partnership Act training plan. If you have questions regarding your FIP benefits, talk to your income maintenance worker.

On Supplemental Security Income (SSI):

It is our understanding that the assistance received under the Children at Home program would not be counted in determining income eligibility. If you have questions regarding this, contact the Social Security Administration office.

On U.S. Department of Housing and Urban Development (HUD), Section 8:

It is our understanding that HUD will not consider assistance received under the Children At Home program as income when determining participation in the Section 8 program.

On Food Assistance:

Assistance received under the Children at Home program **is** considered income for Food Assistance. If you have questions regarding your Food Assistance, talk to your income maintenance worker.

On Medicaid and Medicaid home- and community-based waivers:

Being on the subsidy does not affect your eligibility for these programs and being on these programs does not affect your eligibility for assistance received under the Children at Home program.

Others:

If you apply for any other services or programs that require income verification and are not sure of the effect of any payments from the Children at Home program, please contact:

Comprehensive Family Support
Iowa Department of Human Services – DCFS
1305 E Walnut Street
Des Moines, IA 50319-0114
Phone: 515-281-4522

Information will be provided to the service program and a request will be made that subsidy payment not be considered as income.

Children at Home Application, Form 470-4399

Purpose	Form 470-4399 is used to apply for the Children at Home program. The information on the form is used to determine eligibility.
Source	This form is available as a template in the public state-approved forms folder on Outlook. Supplies of the form may also be printed or photocopied as needed from the sample in the manual.
Completion	<p>The local contractor or local office gives or mails form 470-4399 to the applicant when assistance is requested.</p> <p>The applicant completes the form on behalf of a child with a developmental disability or enlists the help of an interested party in preparing the form.</p> <p>If the application is not complete when it is filed, it must be fully completed by the local contractor through an interview or correspondence with the applicant or representative.</p>
Distribution	The client should return the form to the local contractor. See 16-F, Application Process for Comprehensive Family Support , for a list of local contractors. If the form is returned to the local office, date-stamp the form and forward it to the local contractor immediately.
Data	The form requests information necessary to determine Children at Home program eligibility.

Effect of Family Support Subsidy, RC-0032

Purpose	RC-0032 provides guidance for families applying for the family support subsidy. The information on the form is used to determine the impact of family support subsidy benefits on other programs.
Source	Supplies may be printed or photocopied as needed from the sample in the manual.
Completion	The local office or Central Office includes this form with the <i>Family Support Subsidy Application</i> packet.
Distribution	The client retains this form for future reference.
Data	The form provides information necessary for applicants to make informed decisions regarding applying for the family support subsidy.

Effect of Family Support Subsidy

On federal income tax:

The Internal Revenue Service gave an Advisory Opinion on December 1, 1989, on the income received through the Family Support Subsidy program. According to the opinion, the subsidy is not taxable for federal income tax purposes, to the extent that it does not exceed actual expenses incurred for the care of the family member.

On Family Investment Program (FIP):

If you receive FIP payments (formerly known as ADC), the subsidy should not affect your eligibility, provided you do not use the subsidy for your basic needs. Basic needs include:

- ♦ Shelter
- ♦ Utilities
- ♦ Household supplies
- ♦ Food
- ♦ Clothing
- ♦ Personal care and supplies
- ♦ Medicine chest items
- ♦ Bus fares
- ♦ Telephone
- ♦ Newspapers and magazines

You also may not use the subsidy for FIP special needs, including school expenses and guardianship or conservator fees. If you have questions regarding your FIP benefits, talk to your income maintenance worker.

On Supplemental Security Income (SSI):

SSI policy considers the subsidy a state payment of assistance based on need. Since there is an income limit for subsidy, eligibility, it is our understanding that the subsidy would not be counted in determining income eligibility. If you have questions regarding this, contact the Social Security Administration office.

On U.S. Department of Housing and Urban Development (HUD), Section 8:

It is our understanding that HUD will not consider the subsidy as income when determining participation in the Section 8 program.

On Food Assistance:

At the present time, subsidy payments are considered income for Food Assistance. If you have questions regarding your Food Assistance, talk to your income maintenance worker.

On Medicaid and Medicaid-funded waivers:

Being on the subsidy program does not affect your eligibility for Medicaid and Medicaid-funded waivers (such as the home- and community-based waivers).

Others:

You may apply for other services or programs that require income verification. If you would like them not to consider your subsidy payment, please contact: Family Support Subsidy, Division of Child and Family Services, 1305 E Walnut Street, Des Moines, IA 50319-0114. The Division will provide information to the service or program and request that the subsidy payment not be considered as income.

Family Support Subsidy Application

Attached is the application package for the family support subsidy (FSS). If you would like assistance completing the application, you may contact a Department of Human Services social worker.

The Family Support Subsidy program consists of a monthly cash payment made to families who have a child with a disability. The subsidy is meant to help keep families together by defraying some of the **special** costs of caring for a child with a disability at home. The program is based on the assumption that the most desirable place for a child is at home and that the family is the most knowledgeable about what supports are needed and appropriate for their child. However, Family Support Subsidy program funds are to be used **only** for the special needs of the child. Ongoing family maintenance costs such as mortgage or rent payments, utility payments, general food expenses, etc. are not intended to be paid for with these funds.

PLEASE NOTE

At the present time, all families applying for the subsidy will receive a notice of decision indicating that their application is denied pending availability of funds. Your name will be placed on a statewide waiting list according to the date your **completed** application is submitted to DHS. Although it could be a lengthy period of time before you receive the subsidy, you are encouraged to apply. Funds may be increased, which would shorten the waiting list and allow more families to receive the subsidy. Also, placing your name on the waiting list will help us to show the ongoing need for the program. If you have immediate needs for your child, please speak with a DHS social worker regarding other supports and services that may be available to your family.

ELIGIBILITY

To qualify for this program:

- ◆ Your child must be **less than 18 years of age**.
- ◆ Your child must meet the definition of having a **developmental disability**.
- ◆ Your child currently lives in your home and you are the child's **parent or guardian**, or there is a discharge plan for the child to return home in the next 60 days.
- ◆ You **live in Iowa**.
- ◆ Your family's **net (not gross) taxable income** for the calendar year immediately proceeding the date of application **did not exceed \$40,000** unless it can be verified that their estimated taxable income for the year in which the application is made will be less than \$40,000.

- ◆ Families who receive a special needs adoption subsidy are not eligible for the family support subsidy.
- ◆ Children who receive Medicaid waiver services and live in a county that has a Children at Home program are not eligible for FSS. (The counties include Black Hawk, Cass, Chickasaw, Clinton, Dubuque, Floyd, Jackson, Johnson, Mahaska, Mills, Mitchell, Montgomery, Story, and Wapello.)

FILLING OUT THE FORM

1. Identification information: Fill in your child's name and other information.
Note: If you have more than one child with a disability, you must complete separate applications for each child.
2. Parent or guardian: Fill in your name and other information.
3. Family services plan: This section asks for information on how you think you would use the subsidy payments. You may change your plans during the year as long as the subsidy is used for your child's special needs. If your needs are not listed, feel free to use the "other" category. Please note: Mortgage or rent payments, utilities, etc. are not an appropriate use of subsidy funds.
4. Taxable income: **A signed copy of your most recent federal income tax return must be attached.** If your income is such that you do not file a federal form, another form of income verification must be attached. If your annual taxable income is over \$40,000, you are not eligible unless you can verify that your estimated taxable income for the year in which the application is made will be less than \$40,000.
5. Please read this section carefully before signing. Your signature means that you will spend the subsidy on your child for your child's special needs. There are repayment penalties and the possibility of being dropped from the program if these guidelines are not followed.

VERIFICATION OF CHILD'S DISABILITY

When using this form, the doctor or educator completing it needs to be familiar with your child and the definition of developmental disability, which is contained on the form itself. A doctor, nurse, or an education professional may complete this form.

WHAT HAPPENS NEXT

Please complete and return the application and required forms to: Family Support Subsidy, DHS-CFS, 1305 E Walnut, 5th Floor, Des Moines, IA 50319-0114.

If you have any questions, please contact Marion Kresse, Family Support Subsidy Program Manager, at 515/281-4522.

Family Support Subsidy Application

1. Identification Information

Child's Name: Last		First	Middle
Date of Birth		Child's Social Security #	
Child's Primary Disability/Diagnosis			
Child's Secondary Disability/Diagnosis			

2. Parent or Guardian

Name: Last		First	Middle	Social Security #
Address				
City		State	Zip	County
Home Phone		Work Phone		

3. Family Services Plan

Please check the items which best describe the special needs for which the subsidy would be used to help your child:

- | | |
|---|--|
| <input type="checkbox"/> In-home respite
<input type="checkbox"/> Out-of-home respite
<input type="checkbox"/> Sitter for child
<input type="checkbox"/> Adaptive equipment
<input type="checkbox"/> Home modification
<input type="checkbox"/> Home nursing care
<input type="checkbox"/> Homemaker services
<input type="checkbox"/> Parent training
<input type="checkbox"/> Therapy (physical, speech, occupational, etc.)
<input type="checkbox"/> Medical expenses and health-related items
<input type="checkbox"/> Other (please list): | <input type="checkbox"/> Educational aides or toys
<input type="checkbox"/> Counseling
<input type="checkbox"/> Transportation
<input type="checkbox"/> Special foods
<input type="checkbox"/> Diapers
<input type="checkbox"/> Insurance
<input type="checkbox"/> Camp
<input type="checkbox"/> Recreation |
|---|--|

4. Taxable Income

Check the box which includes your most recent annual **net taxable income**. **A signed copy of your most recent federal income tax return must be attached.** If your income is such that you do not file a federal form, another form of income verification must be attached.

☐ \$ 9,999 and under ☐ \$10,000 – \$19,999 ☐ \$20,000 – \$39,999 ☐ Above \$40,000 *

* Not eligible unless verified that your estimated taxable income for the year in which the application is made will be less than \$40,000.

5. Declaration

I declare that this information is true to the best of my knowledge. Any subsidy funds received will be used for the special needs of our child which are not covered by Medicaid. I understand that I am required to report to the DHS local office within ten working days any changes which may affect eligibility. Failure to do so may result in responsibility for repayment of funds and termination of the subsidy. I understand that if I receive benefits through the Family Investment Program (FIP - formerly ADC), the payment I receive from the Family Support Subsidy program shall not be used to cover needs provided for by FIP.

Signature of Applicant

Date

FOR DEPARTMENT USE ONLY

Date **completed** application received in DHS office: _____

☐ Eligible ☐ Ineligible ☐ Eligible, pending additional funds

Authorized Signature

Title

Family Support Subsidy Application Verification

Dear Health Practitioner or Educator:

The Family Support Subsidy program is designed to assist families to defray some of the special costs of caring for a child with disabilities at home. In order to determine eligibility for the Family Support Subsidy program, your help is requested in verifying our child's disability.

Child's Name:
Child's Address:

Signature of Parent

The above-named child has a developmental disability. Persons with developmental disabilities have severe, chronic conditions that:

- ◆ Are attributable to a mental or physical impairment or combination of mental and physical impairments;
- ◆ Are manifested before the person attains age 22;
- ◆ Result in substantial functional limitation in three or more of the following areas of major life activities:
 - Self care
 - Receptive and expressive language
 - Learning
 - Mobility
 - Self-direction
 - Capacity for independent living
 - Economic self-sufficiency
- ◆ Reflect the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated; except that such term, when applied to infants and young children means individuals from birth to age five, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

I hereby verify that the above-named child has a developmental disability as defined above.

Child's primary diagnosis/disability: _____

Child's secondary diagnosis/disability: _____

Signature of Medical or Educational Professional	Date	License Number (if applicable)
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Family Support Subsidy Application, Form 470-2526

Purpose	Form 470-2526 is used to apply for family support subsidy. The information on the form is used to determine eligibility.
Source	This form is available as a template in the public state-approved forms folder on Outlook. Supplies of the form may also be printed or photocopied as needed from the sample in the printed.
Completion	<p>The local office or Central Office gives or mails form 470-2526 to the applicant when assistance is requested.</p> <p>The applicant completes the form on behalf of a child with a developmental disability or enlists the help of an interested party in preparing the form.</p> <p>If the application is not completed when it is filed, it must be fully completed by Central Office staff member through an interview or correspondence with the applicant or representative.</p>
Distribution	The applicant may return the form to the local office or mail it to Iowa Department of Human Services, CFS Division, 1305 East Walnut, Des Moines, Iowa 50319-0114). If the form is returned to the local office, date-stamp the form and forward it immediately to the Central Office address listed above.
Data	The form requests information necessary to determine family support subsidy eligibility.

Family Support Subsidy Renewal Application, Form 470-3004

Purpose	Form 470-3004 is used to reapply for the family support subsidy each year. The information on the form is used to determine ongoing eligibility
Source	This form is available as a template in the public state-approved forms folder on Outlook. Supplies of the form may also be printed or photocopied as needed from the sample in the manual.
Completion	<p>Central Office mails form 470-3004 to the recipients annually. A person who wishes to continue receiving assistance through the Family Support Subsidy program completes the form.</p> <p>The applicant completes the form on behalf of the eligible child or enlists the help of an interested party in preparing the form.</p> <p>If the application is not complete when it is filed, it must be fully completed by a Central Office staff member through an interview or correspondence with the applicant or representative.</p>
Distribution	<p>The client may fax the form to Central Office at 515-281-6248 or mail it to the address below.</p> <p>Iowa Department of Human Services Division of Child & Family Services 1305 East Walnut Street, 5th Floor Des Moines, IA 50319-0114</p> <p>If the form is returned to the local office, date-stamp the form and forward it to the Central Office.</p>
Data	The form requests information necessary to determine ongoing family support subsidy eligibility.

Family Support Subsidy Renewal Application

Attached is the reapplication package for the Family Support Subsidy. If you would like assistance completing the application, you may contact a Department of Human Services social worker.

The Family Support Subsidy program consists of a monthly cash payment made to families who have a child with a disability. The subsidy is meant to help keep families together by defraying some of the special costs of caring for a child with a disability at home. The program is based on the assumption that the most desirable place for a child is at home and that the family is the most knowledgeable about what supports are needed and appropriate for their child.

ELIGIBILITY

To qualify for this program:

- ◆ Your child must be **less than 18 years of age**.
- ◆ Your child must meet the definition of having a **developmental disability**.
- ◆ Your child currently **lives in your home** and you are the child's **parent or guardian**, or there is a discharge plan for the child to return home in the next 60 days.
- ◆ You **live in Iowa**.
- ◆ Your family's **net (not gross) taxable income** for the calendar year immediately proceeding the date of application **did not exceed \$40,000**, unless it can be verified that your estimated taxable income for the year in which the application is made will be less than \$40,000.
- ◆ Families who receive a special needs adoption subsidy are not eligible for the Family Support Subsidy (FSS).
- ◆ Children who receive Medicaid waiver services and live in a county that has a Children at Home program are not eligible for FSS. (The counties include Black Hawk, Boone, Cass, Cerro Gordo, Chickasaw, Clinton, Dubuque, Floyd, Grundy, Jackson, Johnson, Keokuk, Mahaska, Mills, Mitchell, Monroe, Montgomery, Story, Wapello, and Washington.)

FILLING OUT THE FORM

1. Identification information: Fill in your child's name and other information.
Note: If you have more than one child with a disability, you must complete separate applications for each child.
2. Parent or guardian: Fill in your name and other information.

3. Family services plan: This section asks for information on how you think you would use the subsidy payments. You may change your plans during the year as long as the subsidy is used for your child's special needs. If your needs are not listed, feel free to use the "other" category.
4. Taxable income: **A signed copy of your most recent federal income tax return must be attached.** If your income is such that you do not file a federal form, another form of income verification must be attached. If your annual taxable income is over \$40,000, you are not eligible unless you can verify that your estimated taxable income for the year in which the application is made will be less than \$40,000.
5. Family support survey. Please take a moment to complete a brief survey and to add any additional comments you wish to make about the Family Support Subsidy program.
6. Read this section carefully before signing. Your signature means that you will spend the subsidy on your child for your child's special needs. There are repayment penalties and the possibility of being dropped from the program if these guidelines are not followed.

VERIFICATION OF CHILD'S DISABILITY

When using this form, the doctor or educator completing it needs to be familiar with your child and the definition of developmental disability, which is contained on the form itself. A doctor, nurse, or an education professional may complete this form.

WHAT HAPPENS NEXT

Please complete and return the application and required forms to: Comprehensive Family Support Program, DHS-CFS, 1305 E Walnut, 5th Floor, Des Moines, IA 50319-0114.

If you have any questions, please contact Comprehensive Family Support Program Manager, at 515/281-4522 or 515/281-6248 (FAX).

Family Support Subsidy Renewal Application

1. Identification Information

Child's Name: Last	First	Middle
Date of Birth	Child's Social Security #	
Primary Disability		
Secondary Disability		

2. Parent or Guardian

Name: Last	First	Middle	Social Security #
Address			
City	State	Zip	County
Home Phone		Work Phone	

3. Family Services Plan

Check the items which best describe your family's special needs for which the subsidy might be used:

- | | |
|---|---|
| <input type="checkbox"/> Respite care | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Special foods | <input type="checkbox"/> Home modification |
| <input type="checkbox"/> Parent training | <input type="checkbox"/> Other (please list): |
| <input type="checkbox"/> Transportation | |
| <input type="checkbox"/> Adaptive equipment | |

4. Taxable Income

Check the box which includes your most recent annual **net taxable income**. **A signed copy of your most recent federal income tax return must be attached.** If your income is such that you do not file a federal form, another form of income verification must be attached.

- ☐ \$ 9,999 and under
 ☐ \$10,000 – \$19,999
 ☐ \$20,000 – \$39,999
 ☐ Above \$40,000 *

* Not eligible unless verified that your estimated taxable income for the year in which the application is made will be less than \$40,000.

5. Family Support Survey (check the response that best matches your experience)

Please answer the following statements.

The Family Support Subsidy...	Strongly Disagree	Disagree	Not sure	Agree	Strongly Agree
A. Helps me meet my child's special needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Helps reduce the financial burden of raising a child with a disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Helps reduce family stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Overall I find the FSS program helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Additional comments. _____					

6. Declaration

I declare that this information is true to the best of my knowledge. Any subsidy funds received will be used for the special needs of our child which are not covered by Medicaid. I understand that I am required to report to the DHS local office within ten working days any changes which may affect eligibility. Failure to do so may result in responsibility for repayment of funds and termination of the subsidy. I understand that if I receive benefits through the Family Investment Program (FIP - formerly ADC), the payment I receive from the Family Support Subsidy program shall not be used to cover needs provided for by FIP.

Signature of Applicant

Date

FOR DEPARTMENT USE ONLY

Date **completed** application received in local office: _____

Date sent to Central Office: _____

☐ Eligible ☐ Ineligible ☐ Eligible, pending additional funds

Authorized Signature

Title

Date received in Central Office: _____

Family Support Subsidy Renewal Application Verification

Dear Health Practitioner or Educator:

The Family Support Subsidy program is designed to assist families to defray some of the special costs of caring for a child with disabilities at home. In order to determine eligibility for the Family Support Subsidy program, your help is requested in verifying our child's disability.

Child's Name:
Child's Address:

Signature of Parent

The above-named child has a developmental disability. Persons with developmental disabilities have severe, chronic conditions that:

- ◆ Are attributable to a mental or physical impairment or combination of mental and physical impairments;
- ◆ Are manifested before the person attains age 22;
- ◆ Result in substantial functional limitation in three or more of the following areas of major life activities:
 - Self care
 - Receptive and expressive language
 - Learning
 - Mobility
 - Self-direction
 - Capacity for independent living
 - Economic self-sufficiency
- ◆ Reflect the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated; except that such term, when applied to infants and young children means individuals from birth to age five, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

I hereby verify that the above-named child has a developmental disability as defined above.

Child's primary diagnosis/disability: _____

Child's secondary diagnosis/disability: _____

Signature of Medical or Educational Professional	Date	License Number (if applicable)
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**NOTICE OF DECISION:
SERVICES**

County	Date
Case #	Effective Date

ACTION

- ☐ Approval
☐ Denial
☐ Review
☐ Change in Service
☐ Reduction
☐ Cancellation

EXPLANATION OF ACTION

Manual or Rule References:

Fees: You will be responsible for paying for part of service. The fee will be per . You should make arrangements to pay this directly to .

CONFERENCE

If you do not agree with the decision, you may discuss the decision and your situation with the agency staff, obtain an explanation of the action and present information to show that the action is incorrect. This conference does not in any way diminish your right to a hearing described on the back of this page. You may speak for yourself or be represented by legal counsel, a friend, or other person. If you have trouble understanding this notice, you may call **Iowa Legal Aid** at 1-800-532-1275. If you live in Polk County, call 243-1193.

REAPPLICATION

If your application has been denied or your assistance has been canceled, you have the right to reapply at any time.

Worker's Signature	Telephone Number
Office Address	

You Have the Right to Appeal

What is an appeal?

An **appeal** is asking for a hearing because you do not like a decision the Department of Human Services (DHS) makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

How do I appeal?

Filing an appeal is easy. You must appeal in writing for all programs, except for Food Assistance. You can appeal in person, by telephone or in writing for Food Assistance. To appeal in writing, do **one** of the following:

- Complete an appeal electronically at <https://dhssecure.dhs.state.ia.us/forms/>, or
- Write a letter telling us why you think a decision is wrong, or
- Fill out an Appeal and Request for Hearing form. You can get this form at your county DHS office.

Send or take your appeal to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your county DHS office.

How long do I have to appeal?

For Food Assistance, you have 90 calendar days to file an appeal from the date of a decision. For all other programs, you must file an appeal:

- Within 30 calendar days of the date of a decision or
- Before the date a decision goes into effect

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing.

If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

Can I continue to get benefits when my appeal is pending?

You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal:

- Within 10 calendar days of the date of a decision or
- Before the date a decision goes into effect

Any benefits you get while your appeal is being decided may have to be paid back if the Department's action is correct.

How will I know if I get a hearing?

You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

Can I have someone else help me in the hearing?

You or someone else, such as a friend or relative can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county DHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, you can send a letter of complaint to:

Iowa Department of Human Services, Administrator, Diversity Program Unit, 1305 E. Walnut, Des Moines IA 50319-0114; phone (800) 972-2017; fax (515) 281-4243.

(Food Assistance only) USDA - Director Office for Civil Rights, Rm 326-W Whitten Bldg, 1400 Independence Ave SW, Washington DC 20250-9410, or call 1-800-795-3272 voice or (202) 720-6382 (TTY).

**NOTICE OF DECISION: SERVICES
(AVISO DE DECISIÓN: SERVICIOS)**

Condado	Fecha
Caso #	Fecha efectiva

ACCIÓN

- ☐ Aprobación
☐ Negación
☐ Revisión
☐ Cambio en servicio
☐ Reducción
☐ Cancelación

EXPLICACIÓN DE LA ACCIÓN

Referencias del manual o de normas:

Tarifas: Usted será responsable del pago de parte de servicio. La tarifa será por . Usted deberá hacer los arreglos para pagar directamente a .

CONFERENCIA

Si no está de acuerdo con la decisión, puede discutirla, así como su situación, con el personal de la agencia, obtener una explicación sobre la acción y presentar información para demostrar que la acción no es correcta. Esta conferencia en ninguna forma reduce su derecho a una audiencia según se describe al reverso de esta hoja. Usted puede hablar por sí mismo/a o ser representado/a por un/a abogado/a, un/a amigo/a u otra persona. Si tiene problemas para entender este aviso, puede llamar a **Iowa Legal Aid** al 1-800-532-1275. Si vive en Polk County, llame al 243-1193.

NUEVA SOLICITUD

Si se ha negado su solicitud o se ha cancelado su asistencia, tiene el derecho de solicitar nuevamente en cualquier momento.

Firma del trabajador	Número telefónico
Dirección de la oficina	

Usted Tiene Derecho a Apelar

¿Qué es una apelación?

Una **apelación** es solicitar una audiencia porque no le guste una decisión que haya tomado el Department of Human Services (Departamento de Servicios Humanos) (DHS). Tiene derecho a apelar si no está de acuerdo con una decisión. No tiene que pagar para presentar una apelación. [441 Código Administrativo de Iowa, Capítulo 7].

¿Cómo debo apelar?

Presentar una apelación es sencillo. Debe apelar por escrito para todos los programas, excepto para Food Assistance (Asistencia Alimenticia). Puede apelar personalmente o por teléfono en el caso de Food Assistance. Para apelar por escrito, haga **una** de las siguientes cosas:

- Complete una apelación electrónicamente en <https://dhssecure.dhs.state.ia.us/forms/>, o
- Escriba una carta en la que nos diga por qué cree que la decisión está errada, o
- Llame un formulario de Apelación y Solicitud de Audiencia. Puede obtener este formulario en la oficina del DHS de su condado.

Envíe o lleve su apelación al Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. Si necesita ayuda para llenar una apelación, solicítela en la oficina del DHS de su condado.

¿Cuánto tiempo tengo para apelar?

Para Food Assistance, tiene 90 días calendario para presentar una apelación, a partir de la fecha de la decisión. Para todos los otros programas, debe presentar una apelación:

- Dentro de los 30 días calendario después de la fecha de una decisión o
- Antes de la fecha en que una decisión se haga efectiva.

Si presenta una apelación entre los 30 y los 90 días después de la fecha de una decisión, deberá decirnos por qué su apelación se hace tan tarde. Si tiene una buena razón para presentar su apelación con retraso, nosotros decidiremos si tiene derecho a una audiencia.

Si presenta una apelación 90 días después de la fecha de una decisión, no le podremos conceder una audiencia.

¿Puedo continuar recibiendo los beneficios mientras mi apelación esté pendiente?

Usted puede conservar sus beneficios hasta que una apelación llegue a su fin o hasta el final de su período de certificación si presenta una apelación:

- Dentro de los 10 días calendario después de la fecha de una decisión o
- Antes de la fecha en que una decisión se haga efectiva.

Cualquier beneficio que obtenga mientras se decida una apelación es posible que lo deba regresar si la acción del Departamento es correcta.

¿Cómo sabré si se me concedió la audiencia?

Recibirá un aviso de audiencia que le informará la fecha y hora en que se ha programado una audiencia telefónica. Recibirá una carta en la que se le informa si no se le concedió la audiencia. Esta carta le dirá por qué no obtuvo la audiencia. También le explicará lo que puede hacer si no está de acuerdo con la decisión de no concederle la audiencia.

¿Puedo tener ayuda para la audiencia?

Usted o alguien más, como un amigo o un pariente, puede decir por qué no está de acuerdo con la decisión del Departamento. También podrá tener ayuda de un abogado, pero el Departamento no pagará dicho abogado. La oficina del DHS de su condado puede darle información sobre servicios legales. El costo de los servicios legales se basará en sus ingresos. También puede llamar a Iowa Legal Aid al 1-800-532-1275. Si vive en Polk County, llame al 243-1193.

Política Relativa a la Discriminación, el Acoso, la Acción Afirmativa, y la Oportunidad Igualitaria de Empleo

Es política del Iowa Department of Human Services ofrecer trato igualitario en cuanto a empleo y ofrecimiento de servicios a los solicitantes, empleados y clientes, sin importar su raza, color, nacionalidad, sexo, religión, edad, incapacidad, creencia política o estatus de veterano.

Si usted considera que el IDHS le ha discriminado o acosado, puede enviar una carta quejándose a:

Iowa Department of Human Services, Administrator, Diversity Program Unit, 1305 E. Walnut, Des Moines IA 50319-0114; teléfono (800) 972-2017; fax (515) 281-4243.

(Food Assistance only) USDA – Director Office for Civil Rights, Rm 326-W Whitten Bldg, 1400 Independence Ave SW, Washington DC 20250-9410, o llamada 1-800-795-3272 voz o (202) 720-6382 (TTY).

Notice of Decision: Services, Form 470-0602 and 470-0602(S)

Purpose	Form 470-0602 is used to notify a service applicant or recipient of all actions taken which affect the client's case and which are not court-ordered. The form presents the information in a way that meets due process requirements and documents these actions.
Source	This form is available as a template in the public state-approved forms folder on Outlook. Supplies of the form may also be printed or photocopied as needed from the sample in the manual.
Completion	<p>Central office prepares an original and one copy of this form to notify clients of family support subsidy eligibility determinations and the following case actions:</p> <ul style="list-style-type: none">◆ An application is approved, denied, or withdrawn.◆ The service is changed.◆ Services are terminated.◆ A client is required to pay client participation.◆ The client participation amount changes.◆ Services are renewed as a result of a regular or special review. <p>NOTE: Do not continue family support subsidy benefits beyond the child's 18th birthday even if an appeal is timely.</p>
Distribution	Give the original to the client. File a copy in the case record.
Data	<p>Identifying Information: The case number may be omitted on applications.</p> <p>Explanation of Action: Include in this section:</p> <ul style="list-style-type: none">◆ The action taken;◆ The amount of assistance, and◆ The specific basis for the action in words the client can understand.

If assistance is being reduced, state the reason clearly. For a termination, include the basis for cancellation and the reason for termination.

Manual or Rule References: State the chapter and subsection of the Employees' Manual and the administrative rule reference that support the action taken.

Fees: Leave blank.